



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

Community Care Licensing Division – Statewide Children's Residential Program
744 P Street, MS 19-50, Sacramento, CA 95814



ARNOLD SCHWARZENEGGER
GOVERNOR

October 25, 2008

Kathie S. Nichols, PhD, LP, ABPP
Director of Children's Services
Lakemary Center
100 Lakemary Drive
Paola, KS 66071

SUBJECT: CERTIFICATION RENEWAL - LAKEMARY CENTER

Dear Ms. Nichols:

Pursuant to California Family Code, Section 7911 et al., this is official notification that certification for the Lakemary Center, located at 100 Lakemary Drive, Paola, Kansas is continued with the California Department of Social Services (CDSS) through October 25, 2009.

California licensing standards require that all serious incidents continue to be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Injuries and illnesses that require hospitalization or medical treatment (beyond first aid.)
- f. Use of restraint (whether or not they result in an injury to a child.)
- g. Any unusual incident or absence that threatens the physical or emotional health or safety of a child.

Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without appointment as necessary.

I thank you and your staff for your cooperation during this year's visit. If you have any questions or would like to discuss the report further, please contact Carol Lancaster at (916) 838-5751.

Sincerely,

MEI YUK KUNG, Program Chief

Enclosure

c: CDSS-CFSD, Deputy Compact Administrator, ICPC/Out-of-State
Placement and Policy Unit

FACILITY EVALUATION REPORTOut of State Cert, 1700 9th Street, 2nd Floor
Sacramento, CA 95814

FACILITY NAME:	LAKEMARY CENTER	FACILITY NUMBER:	602300044
ADMINISTRATOR:	KATHIE NICHOLS	FACILITY TYPE:	731
ADDRESS:	100 LAKEMARY DRIVE	TELEPHONE:	(913) 557-4361
CITY:	PAOLA	STATE:	KS
CAPACITY:	64	ZIP CODE:	66071
TYPE OF VISIT:	Case Management	CENSUS:	DATE: 10/21/2008
MET WITH:	Director Kathy Nichols	UNANNOUNCED	TIME BEGAN: 10:15 AM
			TIME COMPLETED: 04:30 PM

NARRATIVE

1 PURPOSE OF VISIT:
2
3 Annual re-certification.
4

5 CDSS CERTIFICATION HISTORY / PROGRAM DESCRIPTION:
6
7 Lakemary has been certified by the CDSS since November 2001. The facility continues to provide residential
8 care and supervision to 64 boys and girls, ages six and over, as well as educational and mental health
9 treatment and casework services. Clients served present with developmental disabilities and concurrent
10 psychiatric disorders and/or severe behavioral challenges. The focus of treatment is to relieve distress,
11 reduce challenging behavior, enhance resilience, and develop skills for more successful community
12 adjustment. The children live in one of four residences on campus: Brotherton, Clements, Mesa and Prairie.
13 Each of the residential buildings are divided into smaller living quarters or "pods" which enables and promotes
14 staff meeting the complex and special needs of each client and allows the children to be with others of like
15 age, abilities and/or other compatibility factors.
16

17 CALIFORNIA PLACING AGENCIES / CHILDREN IN CARE:
18
19 At the time of this year's re-certification visit, there were two California children in care, only one of which was
20 a social service dependent from Sacramento County. (The other was a private/parental placement.)
21

22 FACILITY, PHYSICAL PLANT, PROGRAM AND PLAN OF OPERATION REVIEW:
23
24 Lakemary has a licensing capacity of 64. Census at the time of this re-certification visit was 63.
25

There have been no significant facility or programmatic changes with the exception of the appointment of a new director, Ms. Kathie Nichols. Ms. Nichols is highly qualified. She is a licensed clinical child and adolescent psychologist in the state of Kansas with twenty plus years clinical experience with specialties in autism, obsessive-compulsive disorder and trauma sensitive care.

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/21/2008

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/21/2008

FACILITY EVALUATION REPORT (Cont)Out of State Cert, 1700 9th Street, 2Nd Floor
Sacramento, CA 95814

FACILITY NAME: LAKEMARY CENTER

FACILITY NUMBER: 602300044

VISIT DATE: 10/21/2008

NARRATIVELOCAL STATE LICENSING

Lakemary Center is licensed by the Kansas Department of Health and Environment (KDHE) (#0003188-003) as a psychiatric residential treatment facility. The license is perpetual - - it remains in effect unless invalidated by a change of owner, operator, location or it is administratively closed.

Two KDHE reports were acquired in connection with this year's certification review: One was a "Notice of Survey Findings" dated 6/26/08. This report reflected no areas of regulatory non-compliance. The other KDHE report reflected the facility's kitchen and food service operation being last inspected August 29, 2008. This report reflected one relatively minor violation - - a food container of vanilla flavoring not being properly labeled.

Licensure by the Kansas Department of Social and Rehabilitation Services is also maintained which allows the facility to provide residential and day services to persons with developmental disabilities.

Lakemary Center is also accredited by the Commission on Accreditation of Rehabilitation Facilities [Residential Facilities: Mental Health (Children and Adolescents)]. The three-year accreditation is valid through November 2009.

FIRE CLEARANCE:

The facility was last inspected by the Office of the Kansas State Fire Marshall on April 14, 2008. No deficiencies were cited relative to any buildings serving as client resident structures. Although there were a few deficient areas related to specific doors or exits in the gymnasium and administrative building, corrections were subsequently made in a satisfactory manner and approved by the Fire Marshall June 16, 2008.

SCOPE OF RE-CERTIFICATION REVIEW:

- Collection of updated and current organization and program information material.
- Entrance interview with Director Kathy Nichols.
- Tour/physical inspection of facility and grounds: Assessment of buildings and grounds and accommodations - - furniture/bedding, food, kitchen/cooking/eating essentials, toiletries, cleaning supplies and safe storage of same; presence of and accessibility of first aid kit; safe storage of medications and dispensary practices.

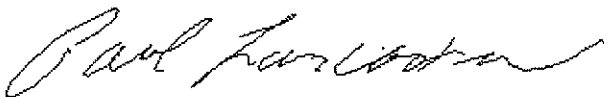
SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

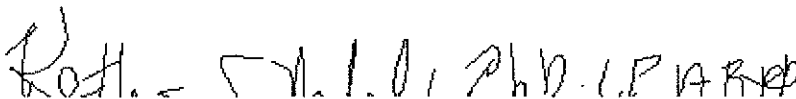
LICENSING EVALUATOR SIGNATURE:



DATE: 10/21/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/21/2008

FACILITY EVALUATION REPORT (Cont)

Out of State Cert, 1700 9Th Street, 2Nd Floor
Sacramento, CA 95814

FACILITY NAME: LAKEMARY CENTER

FACILITY NUMBER: 602300044

VISIT DATE: 10/21/2008

NARRATIVE

SCOPE OF RE-CERTIFICATION REVIEW: Continued

- Discussion and review of a sampling of staff personnel files -- most notably staff background clearances, Mandt certification; first aid/CPR certification and training records.
- Interview with California client.
- Exit interview

FINDINGS; AREAS OF CONCERN; AND/OR THOSE REQUIRING CORRECTION

Overall, the facility appears to be operating well with the difficult special needs of the clients being met. The facility was able to demonstrate good recordkeeping with respect to all areas in which records were requested and/or reviewed. One area continues to rate somewhat low however: The appearance, smell, and maintenance of the client residences. On a positive note, much updating (hole patching, painting, carpeting and flooring) was occurring at the time of visit and is scheduled to continue. While it is apparent that the clients served present a real challenge in many areas, including keeping their living environment clean and well maintained, it is important to direct the proper resources to do so -- whatever that may take. There was also one exterior area on the outside of the Clemen's house that needs to be repaired: The two vertical rain gutters on the front of the house are in very poor condition -- i.e., dented, smashed in -- to the point of quite likely not being functional. This may very well produce some ground flooding once the winter/rainy season begins.

CERTIFICATION DECISION:

Re-certify upon the facility providing an acceptable plan and/or proof of correction with respect to the two aforementioned areas. Thirty days will be afforded to the facility to do so.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:



DATE: 10/21/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/21/2008